CCSD's

DISABILITY INFORMATION SHEET

No. 9
2003

The Health and Well-being of Persons with Disabilities

In this ninth edition of **CCSD's Disability Information Sheets**, we provide statistics on persons with disabilities and their health and well-being. Overall, persons with disabilities encounter more difficulties with health issues and they have lower ratings on indicators of well-being. The source of data for this *Information Sheet* is Statistics Canada's National Population Health Survey 1998/99 (NPHS).

OVERALL HEALTH AND HEALTH CARE

Are you in excellent health?

Persons with disabilities are much less likely than their non-disabled counterparts to be in good health. As noted in Table 1, only 8.1% of persons with disabilities reported that they were in excellent health, compared with 36.3% of those without disabilities. In particular, women with disabilities were the least likely to report being in either excellent health (6.6%) or very good health (22.7%), while men without disabilities were the most likely to say their health was excellent (38.6%).

Table 1 **Self-rated Health Status of Persons (All Ages), with and without Disabilities, by Gender**

Overall Health	Persons with Disabilities			Persons without Disabilities		
	Men	Women	Total	Men	Women	Total
Excellent	9.7%	6.6%	8.1%	38.6%	34.0%	36.3%
Very Good	22.3%	22.7%	22.5%	39.1%	40.7%	39.9%
Good	34.5%	36.5%	35.5%	19.6%	21.7%	20.6%
Fair	23.2%	25.2%	24.3%	2.6%	3.2%	2.9%
Poor	10.3%	9.1%	9.6%	*	*	*
Total	100.0%	100.1%	100.0%	100.0%	100.0%	100.0%

* Due to sample size limitations, data cannot be released.
Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's National Population Health Survey, 1998/99.

Does age matter?

Since persons with disabilities are, in general, more likely to be older, and older persons generally are less likely to be in excellent health, it makes sense to compare the overall health of persons with and without disabilities *within age groups* in order to control for the effects of age as much as possible. Even when we do so, however, it is evident that persons with disabilities are still less likely than their non-disabled peers to rate their health as excellent. For example, among those aged 15 to 34, 34.4% of those without disabilities rated their health as excellent, whereas only 10.7% of those with disabilities did so (see Table 2).

And while the percentage who reported excellent health decreased with age among both those with and those without disabilities, the gap between the groups remained. Among those aged 65 and older, 15.2% of those without disabilities rated their health as excellent, compared to only 3.7% of those with disabilities.

Table 2

Self-rated Health Status of Persons with and without Disabilities, by Age Group

	15 to 34 yrs		35 to 49 yrs		50 to 64 yrs		65+ yrs	
Overall Health	With Dis.	No Dis.	With Dis.	No Dis.	With Dis.	No Dis.	With Dis.	No Dis.
Excellent	10.7%**	34.4%	9.4%	29.9%	5.2%**	24.5%	3.7%**	15.2%
Very Good	33.0%	44.3%	24.8%	44.4%	18.6%	41.6%	15.3%	39.9%
Good	35.1%	19.3%	37.2%	23.0%	35.1%	28.2%	35.3%	34.7%
Fair	17.7%	1.8%	20.3%	2.6%	29.3%	5.3%	30.9%	9.2%
Poor	*	*	8.4%**	*	11.7%	*	14.8%	*
Total	100.0%	100.0%	100.1%	100.0%	99.9%	100.0%	100.0%	100.0%

* Due to sample size limitations, data cannot be released.

** Data should be used with caution.

Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's National Population Health Survey, 1998/99.

Trouble getting health care?

The greater likelihood of persons with disabilities having poorer health is also accompanied by a greater likelihood of requiring health care, but not receiving it. For example, 14.6% of persons with disabilities reported that they were unable to obtain the health care they

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needed, whereas only 3.9% of persons without disabilities made such as report.

The most prevalent reason cited for not receiving the necessary health care was because of long waiting times for that care – both among those with disabilities (23.2%) and among those without disabilities (22.7%). Persons with disabilities were also more likely than those without disabilities to assume that the care they would get would be inadequate (14.6% and 12.2%, respectively), or to forgo the required health care due to cost considerations (14.1%, compared to 11%). People without disabilities were more likely than those with disabilities to report that they were too busy to get the health care they required (15.7% and 6.9%, respectively; see Figure 3).

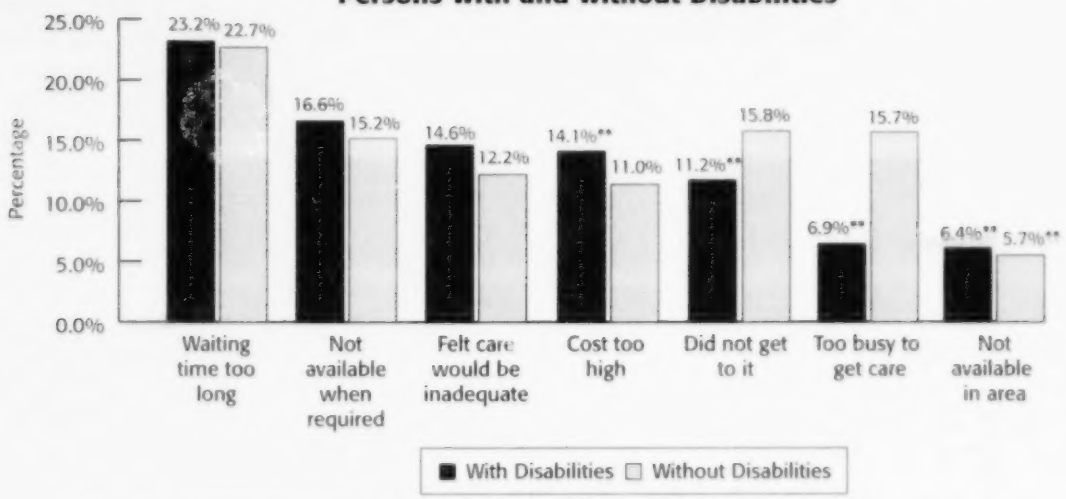
WELL-BEING

Social support

Persons with disabilities are more likely to report that they have low levels of support in a variety of areas that contribute to overall well-being. For example, persons with disabilities were more likely to report lower levels of *social support*[1] than their non-disabled counterparts (see Table 4), and women with disabilities had the lowest levels of social support. In fact, 6.2% of women with disabilities reported having little or no social support at all, compared with 5.6% for men with disabilities, and only 2.6% for women and men without disabilities. A further 24.2% of women with disabilities reported having social support only some of the time, compared with 16.1% of men with

Figure 3

Did Not Receive Required Health Care, Persons with and without Disabilities



Note: Top seven reasons reported; categories are not mutually exclusive.
** Data should be used with caution.
Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's National Population Health Survey, 1998/99.

[1] See the sidebar elsewhere in this Information Sheet for definitions of these terms.

disabilities, 16.9% of women without disabilities, and 13.3% of men without disabilities.

It is clear that men are generally more likely than women to report having social support all of the time. Only 35.2% of women with disabilities reported having social support available all the time, compared with 41.9% of men with disabilities, 41.4% of women without disabilities, and 47.1% of men without disabilities.

Other types of support

The findings are quite similar for other types of supports as well. Persons with disabilities are more likely to report low levels of *emotional or informational support* and lower levels of *affection* than do persons without disabilities (see Tables 5 & 6).

Persons with disabilities are also less likely to report having large *social circles of close friends and relatives*. Both women (46.2%) and men (46.9%) with disabilities were more likely than their non-disabled counterparts (42.5% and 40.8%, respectively) to report that they had a small circle of close friends and relatives – usually of five or less (see Table 7).

Women and men with disabilities are also less likely than their non-disabled counterparts to report high levels of *positive social interaction*. For example,

Table 4 **Social Support for Persons with and without Disabilities, by Gender**

	Men		Women	
Amount of Social Support	With Dis.	No Dis.	With Dis.	No Dis.
Little or none	5.6%	2.6%	6.2%	2.6%
Some of the time	16.1%	13.3%	24.2%	16.9%
Most of the time	36.5%	37.0%	34.4%	39.1%
All of the time	41.9%	47.1%	35.2%	41.4%
Total	100.1%	100.0%	100.0%	100.0%

Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's National Population Health Survey, 1998/99.

Table 5 **Emotional or Informational Support for Persons with and without Disabilities, by Gender**

	Men		Women	
Amount of Emotional/ Informational Support	With Dis.	No Dis.	With Dis.	No Dis.
Little or none	12.5%	7.0%	12.6%	6.0%
Some of the time	35.1%	33.9%	31.2%	30.2%
Most of the time	24.5%	25.8%	26.2%	27.8%
All of the time	27.9%	33.3%	29.9%	36.0%
Total	100.0%	100.0%	99.9%	100.0%

Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's NPHS, 1998/99.

among women with disabilities, 6.5% reported having little or no positive social interaction in their lives, and a further 24.5% reported having positive social interaction only some of the time. Among women without disabilities, 1.9% reported little or no positive social interaction and a further 15.7% said only some of the time. For men with disabilities, the comparable figures were 4.9% (little or none) and 21% (some of the time), and for men without disabilities, only 1.6% reported having little or no positive social interaction and a further 15.1% said they had positive interaction only some of the time (see Table 8).

Does having a job affect well-being?

For the working-age population, involvement in the labour market is an important element in determining well-being. Among those who had been involved in the labour market in the previous year, they were more likely to report higher and more positive indicators of well-being than did those who had not been involved in the labour market.

For example, 76.2% of persons with disabilities who had worked in the paid labour market at some point in the previous year reported having positive social interactions most of the time or all of the time (36.7% + 39.5%),

Table 6

Affection for Persons with and without Disabilities, by Gender

	Men		Women	
Amount of Affection	With Dis.	No Dis.	With Dis.	No Dis.
Little or none	6.5%	4.3%	6.1%	2.7%
Some of the time	25.8%	21.9%	23.7%	19.7%
Most of the time	18.9%	18.7%	20.7%	18.9%
All of the time	48.9%	55.0%	49.6%	58.7%
Total	100.1%	99.9%	100.1%	100.0%

Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's NPHS, 1998/99.

Table 7

Close Friends and Relatives of Persons with and without Disabilities, by Gender

	Men		Women	
No. of Close Friends & Relatives	With Dis.	No Dis.	With Dis.	No Dis.
Less than 5	46.9%	40.8%	46.2%	42.5%
5 to 9	29.6%	31.1%	32.8%	34.4%
10 to 14	16.2%	18.3%	14.2%	15.8%
Over 15	7.3%	9.8%	6.8%	7.2%
Total	100.0%	100.0%	100.0%	99.9%

Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's NPHS, 1998/99.

compared with only 65.5% of persons with disabilities who had not worked in the previous year (See Table 9). And while there is still a gap between persons with and those without disabilities – regardless of their work status – it is clear that having a job is an important factor in most people's well-being. In many instances, however, having a job appears to have an even greater impact on measures of well-being for persons with disabilities than it does for their non-disabled counterparts.

It is difficult to determine if having social supports facilitates paid work, or if paid work offers greater access to social supports. Most likely the effect goes both ways. In an earlier CCSD publication entitled *Bringing Down the Barriers*, research with focus groups indicated that having access to many of these social supports can actually facilitate paid employment. It is equally likely, however, that paid employment increases people's access to a wider social network and to more potential areas of support within that network (Fawcett, 2000).

And in other research that looked at the effects of social resources (many of

Table 8 **Positive Social Interactions for Persons with and without Disabilities, by Gender**

Amount of Positive Social Interaction	Men		Women	
	With Dis.	No Dis.	With Dis.	No Dis.
Little or none	4.9%**	1.6%	6.5%	1.9%
Some of the time	21.0%	15.1%	24.5%	15.7%
Most of the time	36.7%	39.2%	33.0%	37.6%
All of the time	37.4%	44.1%	35.9%	44.7%
Total	100.0%	100.0%	99.9%	99.9%

** Data should be used with caution.
Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's NPHS, 1998/99.

Table 9 **Positive Social Interaction for Persons with and without Disabilities, by Paid Work**

Amount of Positive Social Interaction	Persons with Disabilities		Persons without Disabilities	
	Worked in past year	Did Not Work in past year	Worked in past year	Did Not Work in past year
Little or none	3.2%**	10.4%	1.2%	3.4%**
Some of the time	20.6%	24.0%	14.2%	17.6%
Most of the time	36.7%	32.9%	38.6%	38.0%
All of the time	39.5%	32.6%	45.9%	41.0%
Total	100.0%	99.9%	99.9%	100.0%

** Data should be used with caution.
Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's NPHS, 1998/99.

which were similar to the ones examined here) in mitigating the impact of disability and depression later in life, Jang *et al* found a positive relationship. These supports can be important factors in reducing the likelihood that persons with disabilities may eventually suffer from depression, in addition to their initial disability. Their findings suggest that "psychosocial resources may serve as a stress moderator that buffers the adverse consequences of disability."[2] (Jang et al, 2002).

In previous issues of these *Disability Information Sheets*, we have provided information about the links between paid work and economic security for persons with disabilities. It is evident from the data presented here that paid work is also positively correlated with overall security or well-being – something that persons with disabilities have been saying for years!

[2] Yuri Jang, William E. Haley, Brent J. Small, and James A. Mortimer. "The Role of Mastery and Social Resources in the Associations Between Disability and Depression in Later Life," in *The Gerontologist*, Vol. 42, No. 6, 807-813, 2002.

Table 10

Social Support for Persons with and without Disabilities, by Paid Work

	Persons with Disabilities		Persons without Disabilities	
Amount of Positive Social Support	Worked in past year	Did Not Work in past year	Worked in past year	Did Not Work in past year
Little or none	3.8%**	8.1%**	2.2%	3.8%
Some of the time	19.5%	25.3%	15.3%	16.8%
Most of the time	40.2%	31.1%	38.8%	37.2%
All of the time	36.5%	35.5%	43.6%	42.2%
Total	100.0%	100.0%	99.9%	100.0%

** Data should be used with caution.

Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's NPHS, 1998/99.

Table 11

Emotional/Informational Support for Persons with and without Disabilities, by Paid Work

	Persons with Disabilities		Persons without Disabilities	
Amount of Emotional/ Informational Support	Worked in past year	Did Not Work in past year	Worked in past year	Did Not Work in past year
Little or none	9.4%	18.2%	5.4%	9.1%
Some of the time	35.0%	30.6%	32.6%	31.4%
Most of the time	25.1%	27.1%	27.2%	26.9%
All of the time	30.5%	24.1%	34.8%	32.7%
Total	100.0%	100.0%	100.0%	100.1%

Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's NPHS, 1998/99.

Table 12

Affection for Persons with and without Disabilities, by Paid Work

Amount of Affection	Persons with Disabilities		Persons without Disabilities	
	Worked in past year	Did Not Work in past year	Worked in past year	Did Not Work in past year
Little or none	4.2%**	10.4%	2.9%	4.6%
Some of the time	22.9%	26.7%	20.5%	22.8%
Most of the time	19.8%	18.3%	18.7%	20.1%
All of the time	53.1%	44.6%	57.9%	52.6%
Total	100.0%	100.0%	100.0%	100.1%

** Data should be used with caution.
Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's NPHS, 1998/99.

Table 13

Close Friends and Relatives of Persons with and without Disabilities, by Paid Work

No. of Close Friends & Relatives	Persons with Disabilities		Persons without Disabilities	
	Worked in past year	Did Not Work in past year	Worked in past year	Did Not Work in past year
Less than 5	41.7%	53.9%	40.1%	48.8%
5 to 9	34.4%	27.8%	33.4%	31.0%
10 to 14	17.1%	12.2%	17.9%	13.7%
15+	6.8%	6.2%**	8.6%	6.5%
Total	100.0%	100.0%	100.0%	100.0%

** Data should be used with caution.
Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's NPHS, 1998/99.

Definitions

Social support: An index based on the reported availability of: someone to help if you were confined to bed; someone to help take you to a doctor; someone to help prepare meals if you were unable to do so; someone to help with daily chores if you were sick.

Emotional or informational support: An index based on the reported availability of: someone you can count on to listen to you when you need to talk; someone to give you advice about a crisis; someone to give you information to help you understand a situation; someone to confide in or talk to about yourself or your problems; someone whose advice you really want; someone to share your most private worries and fears with; someone to turn to for suggestions about how to deal with a personal problem; someone who understands your problems.

Affection: An index based on the reported availability of: someone who shows you love and affection; someone who hugs you; and someone who makes you feel wanted.

Positive social interaction: An index based on the reported frequency of having: someone to have a good time with; someone to get together with for relaxation; someone to do things with to help you get your mind off things; and someone to do something enjoyable with.